

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original			
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)			
OWNER NAME : Con Edison Co. of NY, Inc.			
address: 4 Irving Place			
City: New York	State: NY	Zip: 10003-3502	
Contact: Santo Dodaro		Tel: 917/440 5138	
REMOVAL CONTRACTOR: Con Edison Co. of NY, Inc.			
Address: 4 Irving Place			
City: New York	State: NY	Zip: 10003-3502	
Contact: Morrison, William		Tel: 212/460 1132	
OTHER OPERATOR:			
address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R			
IV. IS ASBESTOS PRESENT? (Yes / No) Y			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg Name: Pleasant Valley Substation			
Address: 5 Niagara Road			
City: Pleasant Valley	State: NY	County: Dutchess	
Site Location: Control Room and Relay Yard			
Building Size: 2,000	# of Floors: 1	Age in Years: 55	
Present Use: Substation	Prior Use: Substation		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Assumed			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	
		Cat I	Cat II
Pipes	725	0	0
Surface Area	0	0	0
Vol RACM off Facility Component	0	0	0
		LnFt: <input checked="" type="checkbox"/>	Ln m: <input type="checkbox"/>
		SqFt: <input checked="" type="checkbox"/>	Sq m: <input type="checkbox"/>
		CuFt: <input checked="" type="checkbox"/>	Cu m: <input type="checkbox"/>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 08/09/2016 Complete: 07/09/2017			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/09/2016 Complete: 07/09/2017			

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Install new wiring			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
Hepa Vacuum, negative air Tent			
XII. WASTE TRANSPORTER #1			
Name : Allstate Power Vac, Inc.			
address: 928 East Hazelwood Avenue			
City: Rahway	State: NJ	Zip: 07065	
Contact:		Tel: 732 815 0220	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order (MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.			
Stop Contact asbestos supervisor			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
		Signature of Owner/Operator	7/26/2016 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		Signature of Owner/Operator	7/26/2016 (Date)

JUL 27 2016

ACB gwillair